US Department of Labor Office of Labor-Management

S Road Standards Washington, DC 20210 ALG 22

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FORM LM-30 ABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under PL. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Offic	aal Use Only	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Ε

1 File Number U/0837	2. Fiscal Year Covered From
	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name Thomas J Perkovich	Name Brotherhood of Locomotive Engineers & Trainmen Labor Organization File Number 044669
PO Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any
Street 457 Preserve Path	Street 457 Preserve Path
City w. St. Paul	City w. St Paul
State Minnesota ZIP Code + 4 55118	State Minnesota ZIP Code + 4 55118
5 Position in labor organization Legislative Chairman, BLET Mi	1.

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income		
Name			
Trade Name, if any			
P O Box, Bidg , Room No , if any			
	7 b Amount		
Street			
City			
State ZIP Code + 4			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed	Donas	Leskerich	
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On	8/10/2005	

651-457-5077

Date

Telephone Number

Name of Person Filing Thomas Perkovich	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name, if any)	9 Business deals with	
Name		
Trade Name, if any	a Labor Organization b Trust	
PO Box, Bidg, Room No, if any	c. Employer	
Street	_	
City		
State ZIP Code + 4		
10 If 9 b. or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	
Name		
Trade Name, if any		
PO Box, Bldg , Room No , if any	j	
Street	11 b Approximate dollar value of such dealing	
City	12 a Nature of interest held or income received	
State ZiP Code + 4		
	12 b Amount.	
	and A and D should	
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.	
Name Yaeger, Jungbauer, Barczak, Vucinovich PLC	Chirstmas gift of Frozen steakes	
Trade Name, if any		
Trace Name, it ary		
PO Box, Bldg, Room No, if any		
Street 745 Kasota Ave.		
City Minneapolis		
State Minnesota ZIP Code + 4 55414		
13.b Is the Business an Employer or Consultant ?	14 b. Amount of payment \$53	